

Main Office:

STATE OF NEVADA
STATE BOARD OF COSMETOLOGY
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Fax (702) 369-8064



Branch Office:

STATE OF NEVADA
STATE BOARD OF COSMETOLOGY
4600 Kietzke Lane, Building O, Suite 262
Reno, Nevada 89502
(775) 688-1442
Fax (775) 688-1441

PROOF OF CURRENT WORK EXPERIENCE

To be completed by owner/manager

Note the following:

- Altered forms will not be accepted
- You cannot validate your own work
- Relatives may not validate your work

I certify that _____ (licensee name) practiced/rented in my salon as a
_____ (type of position held).

From (date) _____ to (date) _____
mm/dd/yyyy mm/dd/yyyy

The name of my business is _____

Business address is (include street address, city, state, ZIP) _____

My name is _____ Phone number _____
(Please print name)

Signature of salon owner/manager

Date

Signature of Notary

Date

County of _____

State of _____



Affix notary seal here

Please note: The above work experience is for the sole use of the Nevada State Board of Cosmetology. Its purpose is to prove that the named licensee has met the work experience requirements which have been set forth.

This form must be returned to the applicant. Nevada State Board of Cosmetology will not hold these forms. 7/9/2010